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Together in a room to alleviate anxiety: Yoga breathing and psychotherapy

Lynn Somerstein^{a,*}^aDirector, Institute for Expressive Analysis, 150 East 84th Street, #2P, NY NY 10028, USA^aBook Review Editor, The Psychoanalytic Review, 40 West 13th Street, NY NY 10011, USA

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Abstract

Psychoanalysis and psychotherapy are effective treatments for anxiety, especially when the body and its resources are part of the treatment. We will look at the powerful synergistic effect of talk therapy, combined with pranayama, (yoga breath work) to alleviate anxiety in the case of Julie, whose anxiety can be understood as a symptom of an attachment disorder. We will include a description and instructions for deergha swasam, a type of calming yoga breath.

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Two in a Room, Together: Yoga Breathing and Psychotherapy Alleviate Anxiety.

The flickering, fickle mind, difficult to guard, difficult to control—the wise person straightens it as a fletcher straightens an arrow. Dhammapada 3, v. 1

By Lynn Somerstein, PhD, RYT

1. Introduction

The many different incarnations of psychoanalysis and psychotherapy are all effective in reducing suffering, especially when the body and its resources are part of the treatment. We will look at the powerful synergistic effect of talk therapy, combined with pranayama, (yoga breath work) to alleviate anxiety (Loizzo, 2000; Bloom, 2006). Although I work mainly from an object relations perspective, informed by attachment and neuropsychological research, I do not privilege one psychoanalytic or psychotherapeutic theory over another, since the relationship between client and therapist has a stronger effect on outcome than the type of therapy chosen “. . . there is now increasing agreement that one of the best predictors of the overall success of a therapy is the quality of the working alliance...” (Harris, 2004).

The early rejection of the developing individual can cause anxiety and depression, difficulties in cognition, bodily experience, and in relationships with the self and with others (Schore, 1994; Wallin, 2007); outcome research shows that psychotherapy and psychoanalysis, in its many forms and approaches, can improve functioning, (Sandell, R., Blomberg, J., Lazar, A., Carlson, J., Bromberg, J., Schubert, J. 2000; Fonagy, Gyorgy, Jurist, & Target, 2002; Erle and Goldberg, 2003; Busch, Milrod and Sandberg, 2009).

Chronic anxiety is a fearsome state that feels like second nature to some- you wake up in the morning, and there it is- shallow fast breathing accompanied by a clenching jumping stomach or a pit of emptiness; you want to pull the

covers over your head and hide; or maybe you jump suddenly awake in the middle of the night, feeling terrified; worse yet- you can't fall asleep in the first place. You're frightened all the time, simply not at home in your own skin. You might even feel like you have no skin- your nerves are just exposed, reactive and painful.

2. Psychoanalytic History and Method

When three year old Julie woke up from nightmares in the middle of the night, she didn't go to her parents for comfort- she was too afraid; instead, she tried to comfort herself by pulling the covers over her head, making sure they were completely and tightly tucked in, and then becoming invisible to protect herself from the monsters she was sure surrounded her bed, ready to attack and eat her. Julie had learned self-reliance at a very early age- too early; she and her parents were not attuned, and they did not help her feel secure. Her attachment environment was poor, and Julie reaped the consequences.

If, from an early age, you in your entirety, your very self, were in pain because of some physical condition, or were not found acceptable by your caregivers, or if your caregivers never learned to accept their own selves, and so could not accept you or anyone else, either, then, yes, your anxious feelings started so early they may feel like forever. “. . . primitive defences, psychophysical in nature, get employed in infancy to cope with what can be experienced as overwhelming or catastrophic anxiety if the earliest relations are felt to go wrong” (Bloom, 2006, p. 63). “The ego is, first and foremost, a bodily ego” (Freud, 1923, p.26). Heart rate, respiration rate, and blood pressure all increase when the individual is feeling anxious,

The bodies of children who feel unaccepted by parental figures react to the distress of rejection, while their minds may dismiss that information from conscious awareness, leading to increased feelings of anxiety. The once attuned body/mind splits apart, the mind takes over, and the body, its feelings and memories, are lost to awareness, while trauma lives on, hidden deep inside the flesh. As van der Kolk wrote (1996), “the body keeps the score.”

Julie's nightmares continued throughout childhood. When creatures are afraid they respond with “fight or flight” – a bodily readiness to escape danger. People with chronic anxiety feel like they are always in danger. Julie's body showed this. She walked stiffly with short mincing steps; her face was frozen in an expressionless mask; she rarely spoke, and her voice was very soft when she did speak. She was trying to be invisible in the daytime now, too, but there were a few places where she could peek out from behind her protective screen; school for one- she was smart and well-behaved, her teachers were kind, and she felt safe there. And, lucky for Julie, there was a dance studio near where she lived. Her grandmother paid for her lessons, the teacher was warm and friendly, and Julie loved to dance, so her body came alive once a week, Tuesdays at 3:30. Body and mind, though split, were breathing.

Julie started college, got good grades, began dating, but was still afraid. She took up swimming to complete her gym requirement, which she found relaxing; she enjoyed the sound her breath made when she swam long strokes and synchronized her breath and movement.

She was pretty and had plenty of dates, but did not feel much connection to any of the boys she went out with; she was just going through the motions of what pretty young girls were supposed to do. She was surprised when one young man dropped her; he told her he wouldn't ask her out again because she was *too easy* to get along with—she always agreed with him, she never had any ideas of her own. Julie knew this was true. About the same time a teacher she much admired told her basically the same thing, and Julie decided to see a psychotherapist- me.

Julie showed up in my office neatly dressed- she was pretty and liked clothes- but her body movements were odd. She moved mostly only from the knees down, weight forward and on her toes like she was walking on eggshells, and held herself stiff and rigid; then she sat down on the edge of a chair, with an unnaturally erect posture. She looked as though she was balancing an imaginary book on her head, and was scared to drop it.

When I asked what had brought her to therapy she said a boy told her that she had no ideas of her own, no mind of her own. And then her favourite teacher said almost the same thing. She made a phony little laugh, said she was silly, and looked half ready to go and half longing to stay. “That's no reason to see a therapist,” Julie said.

By then, my own body was feeling odd. I had the strong idea that I should not move. I began to hold myself unnaturally stiff and still, mirroring Julie's body language.

She mentioned that she often dropped her friends, and I wondered if she might drop therapy just as suddenly. The space between us would have to be carefully monitored to help her stay with the work. Some weeks later, when we were sitting together, I suddenly became aware of a terrible impulse in my legs to move- I could hardly stay still. I wondered where that came from, and asked Julie what she was feeling just then and she answered that she wanted to

leave. I leaned back in my chair, taking this in, and giving her more space, happy that she could say what she felt, rather than simply acting on it.

Psychotherapy helps bring mind and body together by creating a safe space, and by using mirroring, empathic understanding, words, metaphors, stories, and the transmission of feeling states in the here and now. Julie was passive, and agreed with everything I said. As we know, acquiescence masks powerful resistance.

Her parents were abusive; when she told me her history she spoke in a robotic manner and looked scared stiff. Her face was pale and she trembled. Julie often felt cold and I offered her a blanket, something, she said, her parents would not have done- they would have told her she wasn't cold, just complaining. She repeated a phrase she often told herself when she was a child. "When I have kids, I'll never treat them like that." Like many disturbed families, Julie's family was isolated, but she had gotten some ideas of normal family life by watching television, and my empathic reactions to her history gave her another reference point; she began developing her own standards for healthy ways of being.

I noticed that Julie frequently held her breath, and breathed mostly from her chest.

The body has "a psychological and developmental history of its own (Orbach, p. 22). "the true self. . . comes from the . . . working of the body functions, including the heart's action and the breathing. . . As part of treatment, I often employ a skills learning positive health approach (Loizzo, 2000;), including, when appropriate, an introduction to yoga breathing techniques, which synchronize body and breath, slow the heart and respiration rate, and lower blood pressure. "Mind-body techniques that focus on yoga breath practices can provide rapid reduction in anxiety" (Brown, Gerbarg and Muskin, 2009, p. 78).

People who are anxious breathe from the chest; it's part of the fight or flight mechanism which is useful in an emergency, but anxious individuals always feel like they are in an emergency, and chest breathing creates a body that is ready to react to danger all the time; the body becomes habituated to taking quick, short breaths, a vicious loop begins, and soon the body is in a continually stressed state.

We are born breathing from the diaphragm. Anyone who has ever watched an infant, dressed only in a diaper and lying on its back, can see the process very clearly. Belly goes out, ribs expand, collar bone goes up- that's an inhale. Collar bone goes down, ribs go in, belly goes in- that's an exhale. You can actually see the diaphragm move. This is not part of the repertoire for people with chronic anxiety, and what was once natural, diaphragmatic breathing, must be consciously practiced and learned, a chore, yes, but valuable because it reduces body stress and anxiety (Siegel, 2007). "Breath and Mind are connected like the two wings of a bird. The breath reflects our thoughts and emotions. . . .fear makes us forget to breathe" (Frawley, 2008).

Diaphragmatic breathing, the three part breath, or, as yogis say in Sanskrit, *deergha swasam*, stills the mind, creating a feeling of peace and spaciousness, providing a perspective from which to view, experience and investigate thoughts and feelings, time and space in the moment- anxiety can be worked with as an entity with boundaries. Shaping anxiety makes it more approachable- it has a beginning and an end, a handle to grasp, and the person becomes less reactive.

Breath is both automatically and consciously controlled, a bridge between mind and body, as both ancient yoga teachings and current research affirms. "Yoga teaches us that there are things we can do to change our brainstem arousal system, our sympathetic and parasympathetic nervous systems and to quiet the brain." (van der Kolk, 2009, p. 13). Yoga breathing has been repeatedly shown to be a valuable resource for people suffering from stress (Satchidananda, 1978, p. 160; Zucker, Greenberg and Gebirtz, 2008; Carter, Gerbarg, and Brown, 2008).

"The breath is both a mirror of the individual's autonomic nervous system and a tool for direct modulation" (Taylor, 2001, p. 10). One day I asked Julie if she would like to begin her therapy sessions with a brief centering experience, using the breath. I asked her to sit up, feet on the floor, and place one hand on her belly and the other on her collarbone, to feel her body moving with her breath in *deergha swasam*.

At first Julie couldn't abide it- she didn't like the attention to her belly, which she thought was too big. Learning to relax her abdomen was a chore- she was used to wearing tight jeans and clenching her stomach, which led to even more chest breathing.

3. Results

Starting our meetings with *deergha swasam*, the three part breath, facilitated our connection to each other and to ourselves. After a time Julie became quite adept, and used the technique whenever she felt the need to slow down.

She found the 1:2 ratio especially beneficial- outbreath twice as long as inbreath. She became more attuned to her body's hints that she was beginning to feel anxious, and able to identify and enjoy the feeling of slow complete breaths, the energy of the inbreath, and the deep relaxation of the outbreath. “. . .breath awareness brings us to the heart of our lives” (Siegel, 2007). She learned to use this breath whenever she felt the beginnings of anxious feelings. Breathwork and therapy together enabled her to feel safe inside. I told her deergha swasam was her secret weapon to use when she felt anxious, and no one would suspect what she was doing.

4. Discussion

Julie was feeling safer. The experience of peacefulness in a safe place with another person, combined with our original primordial breathing rhythm, signals the deep self to emerge and feel accepted (Somerstein, 2008). Perhaps it is reminiscent of Winnicott's “alone in the presence of another (1960, p. 41).” Julie was no longer showing signs of insecure attachment behaviour, and had achieved “earned secure attachment,” made possible by once or twice weekly psychotherapy sessions over a period of several years, coupled with a developing body awareness facilitated by breathing techniques that helped body and mind reunite. Julie was in tune with herself and others, the beginning of mindfulness.

Her relief from stress and anxiety, and her growing ability to catch herself tightening up and to soothe herself before the anxiety took over, had a profound effect on her experience of being in the world. She felt stronger and more collected, no longer a victim. Her talk in therapy changed too, becoming less a recitation of events and more a consideration of what some of those events might mean, and why they were significant to her and to others. In short, she began to reflect on her experience, and able to hold firm in the face of powerful emotions; as her sense of self became more coherent, she developed qualities of mindfulness. She was physiologically less reactive and more spontaneous.

“To be mindful is to be right here, right now—capable of being fully present in the moment, receptive to whatever experience should arise, yet caught up in no particular aspect of experience (Wallin, 2007. P. 137).”

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